

# Planning for Renewal: Integrating FASD Prevention and Intervention Services for Successful Sustainability



# ANTICIPATED SUSTAINABLE OUTCOMES

- Children will receive treatment or services based on the diagnosis of FASD
- The number of children born with an FASD will decrease
- Women of childbearing age will understand the dangers of drinking while pregnant
- Fewer women in Mississippi will drink while pregnant

# **TARGET POPULATIONS**

## **For Prevention Services**

Women of childbearing years

## **For Intervention Services**

Children and youth ages birth to 18

# Prevention Works!

## Using Your State Resources





- 1 in 30 pregnant women in the U.S. reports "risky drinking" (7+ drinks per week or 5+ on any one occasion)
- More than  $\frac{1}{2}$  of women of childbearing age drink
- More than  $\frac{1}{2}$  of all pregnancies are unplanned

# NASADAD

National Association of State  
Alcohol and Drug Directors

## NPN

National Prevention Network

## NTN

National Treatment Network

Women's Services Network  
Opioid Services Network  
HIV Coordinators

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National Association of State  
Alcohol and Drug Directors] --- NPN[NPN  
National Prevention Network]; NASADAD --- NTN[NTN  
National Treatment Network]; NTN --- WSN[Women's Services Network  
Opioid Services Network  
HIV Coordinators];
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# *National Prevention Network*

## *Established 1982*

- Component of State Alcohol and Drug Directors (NASADAD)
- Members
  - represent States, the District of Columbia and island jurisdictions
  - Designated by the NASADAD Director in their jurisdiction
- Provides culturally appropriate guidance and leadership to national, state, and local prevention efforts to reduce the incidence and prevalence of alcohol, tobacco and other drug (ATOD) problems
- Find yours by calling your State ATOD office

What *Was* Prevention?





# What IS Prevention?

*Reduction or control of causative factors*

## ■ Risk Factors

- Lack of knowledge
- Early onset
- Mental Disorders
- Sensation Seeking
- Family Use
- Family Conflict
- Inconsistent parenting
- Lack of school bonding
- Availability
- Community Norms
- Lack of enforcement
- Policies enabling use

## ■ Protective Factors

- Address risk factors
- Assets/Strength Approach
- Focus on resilience

The *problem* with  
prevention is.....

# Promote the Use of Six Strategies

- Information Dissemination
- Prevention Education
- Alternatives/Positive Activities
- Environmental Strategies
- Community Based Process
- Problem Identification and Referral

# Women in Treatment in Mississippi...

- More than 75% of women are NOT self referred
  - Courts
    - Drug Courts
    - In Jail and Pregnant
  - Department of Human Services
    - Already in “the system”
    - Newborn tests positive for drugs
- Complete FASD screenings on site for children
- Programs have detox contract

# Reported Needs

- More investment in family programs – services for Mom and all children
- Case management follow up

# Policy Changes

- Operational Standards
- Requirements with Grant Requests for Proposals
  - Ordinances/State Legislation
- Social Host Laws
- Mississippi has full time enforcement officers



CORPORATE POLICY CHANGE:  
all employees are now re-  
quired to carry a hoop  
at all times and to jump  
through it prior to the  
completion of any task.  
failure to do so will be  
grounds for dismissal.



# *Operational Standards*

for Mental Health, Intellectual/Developmental Disabilities,  
and Substance Abuse Community Service Providers

2011 Revision

Effective January 1, 2011

Mississippi Department of Mental Health

Edwin C. LeGrand III

Executive Director

1101 Robert E. Lee Building

Jackson, Mississippi

(601) 359-1288

# Operational Standard

*"All substance abuse programs must give **first** priority to the acceptance and treatment of pregnant women. In residential programs, if a bed is not available, the program must refer the individual to another DMH certified program that does have the capacity to admit the individual. If placement in a Residential Treatment Program is not available, the individual must be assessed and referred, by the initial provider, to another appropriate substance abuse service and to a local health care provider for prenatal care until an appropriate Residential Treatment Program is identified. This process must be completed within forty-eight (48) hours of the initiation of the Initial Assessment and be documented by the initial service provider. Written documentation must be submitted to the DMH Bureau of Alcohol and Drug Abuse."*

# Collaboration in Mississippi:

## Information Dissemination & Technology Transfer

- Both the NPN and NTN serve on the state FASD Task Force
  - Task Force has a Prevention Plan
- MS School for Addiction Professionals allows free exhibit to FASD Task Force
- Work to avoid duplication
  - FASD Coordinator, NTN, NPN, Children's services
- Executive Prevention Committee
- MAAUD: Mississippians Advocating Against Underage Drinking

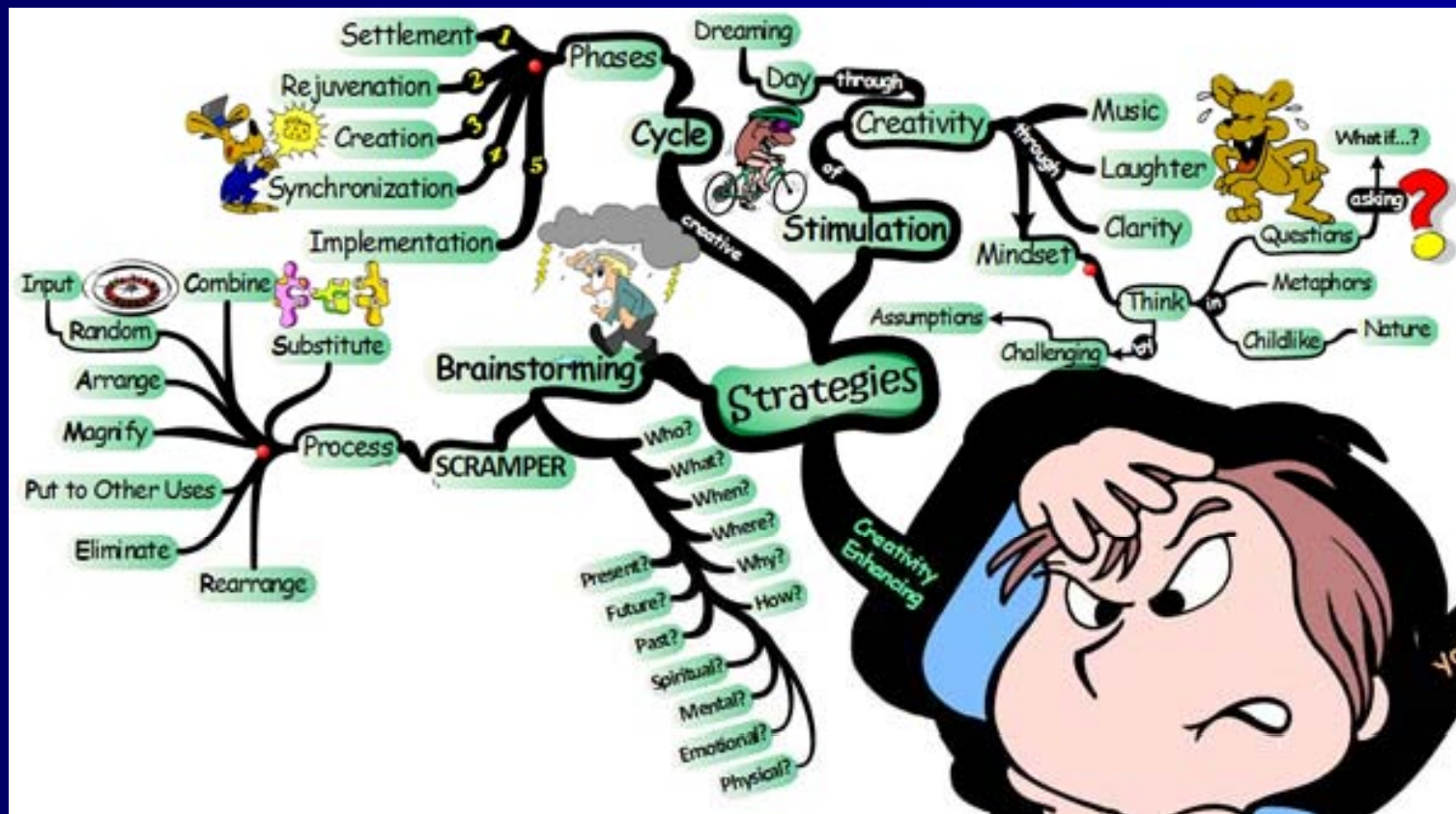


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"Let's change our strategy. You start fetching the paper, and I'll handle the investments."

# Say "YES!" to Strategic Planning



# FASD Prevention Plan

- Increase public awareness of FASD and risks of drinking during pregnancy
- Establish/support MS Network for birth mothers
- Establish initiative with the Choctaw Tribal Community
- Develop an FASD Curriculum



## ONLY YOU CAN PREVENT FASD!

**Fetal Alcohol Spectrum Disorders (FASD)** is the leading known cause of preventable mental retardation. It can also cause birth defects and learning and behavioral disorders.

In Mississippi, more than 450 babies are born each year with FASD.



# Opportunities for Partnerships with Your NPN

- Incorporate with current infrastructure
  - Strategic Prevention Framework (data driven)
  - Underage Drinking Grants
  - Federal Block Grant Goals (SAMHSA)
    - Have to address (capacity management and waiting list report)
  - Network of Prevention Specialists
  - Network of Coalitions



# Opportunities for Partnerships with Your NPN

- Existing Workforce Development Programs
- Regional Alcohol and Drug Awareness Centers
- State Prevention Organization (MS has the MS Executive Prevention Committee)
- State Epidemiological Workgroup
- State Advisory Council/Committees

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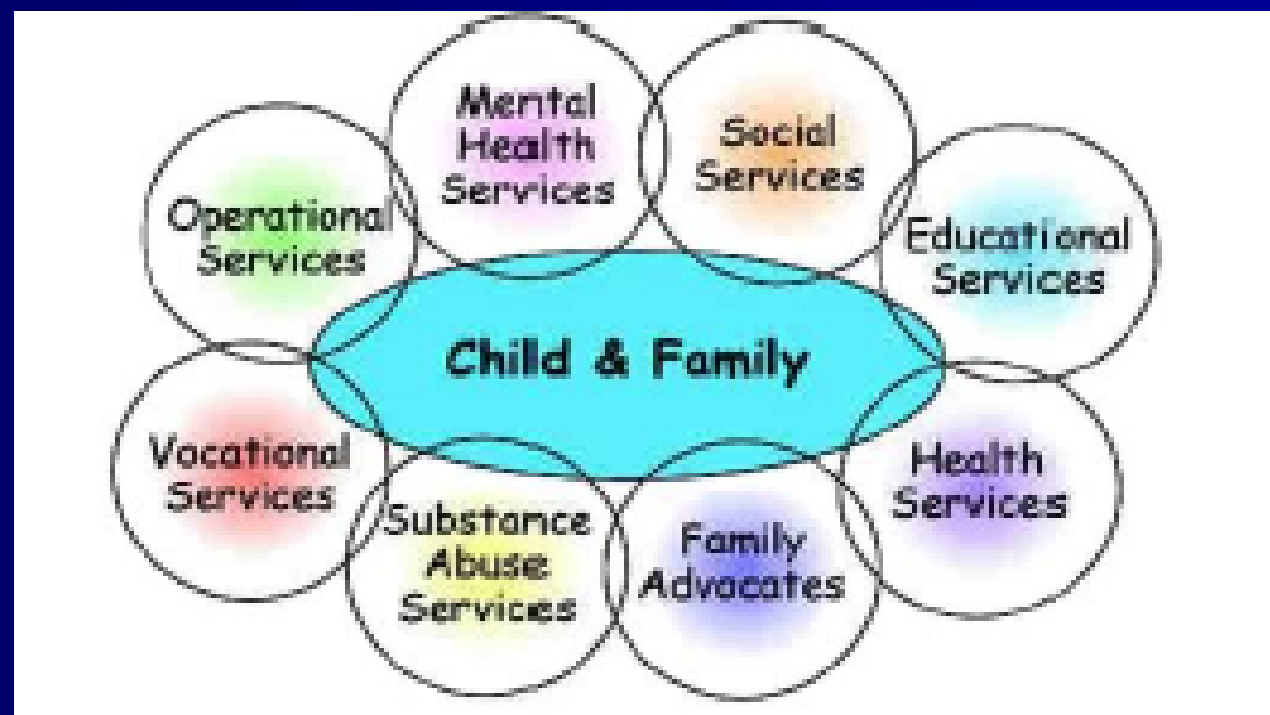
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**"I lost my shoe, but I got my foot in the door."**

# Sustainability Goals for Mississippi:

- Children and families affected by FASD will receive maximum benefit from the system of care
- ***None for Nine*** will become permanently embedded into our prevention landscape

# Mississippi System of Care (SOC) Framework



## INTEGRATING FASD INTO THE SERVICE DELIVERY SYSTEM FOR CHILDREN

- Mississippi's System of Care (SOC) for Children incorporates the Community Mental Health Centers (CMHC) along with the Making A Plan (MAP) Teams
- MAP Teams include representatives from an array of state and local service providers
- MAP Teams help ensure that services are "wrapped around" each child

## INTEGRATING FASD INTO THE SERVICE DELIVERY SYSTEM FOR CHILDREN

- Children screened positive by the CMHCs are referred for a diagnostic evaluation
- Treatment recommendations for children with an FASD diagnosis are implemented through an individualized service plan for each child
- The family is involved in development of the individualized service plan

# DIAGNOSTIC SUSTAINABILITY THROUGH MISSISSIPPI'S FASD DIAGNOSTIC CENTER

- The University of MS Medical Center Child Development Clinic is our current FASD diagnostic center
- FASD diagnostic process uses a multi-disciplinary team approach that evaluates each child individually

# STATEWIDE DIAGNOSTIC SUSTAINABILITY THROUGH EXPANSION OF DIAGNOSTIC OPTIONS

- One central diagnostic center is not enough
- Regional diagnostic centers need to be initiated in other areas of the state
- We plan to recruit and train additional clinicians to be part of regional multi-disciplinary teams that can diagnose FASD



## **Planning for Renewal always includes changing policy**

- Effective January 2011, Mississippi Department of Mental Health's new operational standards for community-based services includes a requirement for FASD screening, diagnosis, and treatment for children ages birth to 18.
- Other policies have changed to incorporate other aspects of diagnosing and treating FASD

# Planning for renewal has to be strategic and achievable

- We've generally achieved a strategic goal to raise awareness of FASD in Mississippi
- We now have a strategic goal to improve access to expanded service options for special populations that includes children diagnosed with an FASD

# Planning for renewal has to be strategic and achievable

- We have a strategic goal to improve access to care through a coordinated system with community providers
- Children and youth diagnosed with an FASD are a targeted population for this coordinated community approach to services

## MS AC-FASD: FASD State Plan

- A key responsibility of MS AC-FASD is the development and implementation of an FASD State Plan
- Revision for 2011-2013 has just been completed to reflect current goals

# State FASD Plan Goals

- One possibility for expanding our diagnostic capabilities includes the use of telemedicine options
- Two of our CMHCs currently have telemedicine capacity...we will work to expand to more regions

## More FASD State Plan Goals

- Using the model we've established in our CMHCs, we will promote the use of FASD-related items into the intake process in other state agencies, particularly the Department of Health

## More FASD State Plan Goals

- Partner with the Division of Medicaid to expand the use of Wraparound approach with children diagnosed with an FASD
- Revise follow-up protocol to include the Wraparound family team and plan

## More FASD State Plan Goals

- Develop and implement a diagnosis and service matrix for use by FASD diagnosticians and service providers to help ensure the best match between diagnosis and treatment/intervention



## More FASD State Plan Goals

- Continue to train CMHC staff on the use of Goldstein's Prepare Curriculum and Skillstreaming as a skill-building option for children with an FASD

## More FASD State Plan Goals

- Integrate statewide family support with existing system of care support for families affected by FASD
- Expand availability of respite services throughout the state for families affected by FASD
- Establish FASD family support groups and other supports for and by families

## More FASD State Plan Goals

- Access funding through MS Legislature, SAMHSA Block Grants and discretionary funding opportunities
- Continue to work on recognition of FASD as a diagnosis for funding through Medicaid and other sources
- Identify and pursue FASD-specific capacity- building funds

**None of this will last  
without...stakeholder buy-in**

**We've got to get the players to the  
table and keep them there**

**We've got to be in it for the long  
haul**

**Either everybody wins or everybody  
loses—it's our choice**

# Presenters

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Mississippi Department of Mental Health

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Division of Children and Youth Services

Mississippi Department of Mental Health